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10/542,413	12/01/2005 RULE	623	3774	6612-4000

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/CA04/00016 01/06/2004

** FOREIGN APPLICATIONS *****

CANADA 2416348 01/14/2003

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CANADA	SHEETS DRAWINGS 14	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged /Ann Schillinger/ Examiner's Signature						

ADDRESS

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 1700 K STREET, N.W.
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TITLE

BONE IMPLANT AND DEVICE FOR FORMING A SOCKET FOR SAME

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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